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ask for the bare necessities, not able to send a message to relatives or friends? Not knowing if they were going to live or die in that far off country with their families waiting for them at home?

These thoughts, or rather facts, exist more or less in every hospital ward, and a means of avoiding unnecessary worry and pain to these poor creatures should be the subject of discussion and teaching for the benefit of the nurses. Unfortunately every school has not been able to offer the advantages that Bellevue in New York does, by teaching its nurses both German and Italian, but in localities where any particular nationality predominates I should certainly advise classes for the nurses in that particular language. The expense would not be prohibitive and the time spent, perhaps one evening hour weekly, would not interfere with the other studies. I assure them that the look of perfect contentment which they will find in a poor foreigner's eye when he hears even a few words of his native tongue will repay them for any time spent on acquiring these few words.

How can intelligent nursing be done with no means of communication between patient and nurse? How can an accurate record or chart be kept? What nurse can be perfectly satisfied to do such nursing? How often one sees the remark: "patient irrational, talking at random." If "at random" means not talking English, the remark is correct, but if it means that the patient is speaking his own language and perhaps asking for the most rational of things, then the remark is not correct. This fact repeats itself frequently. Many foreigners, particularly the Latin races, are very excitable and temperamental, and this will be placed on the chart as, "patient delirious—insists on getting out of bed, hard to control," when, as often is the case, the patient may want to go to the lavatory, may want a drink, etc. The knowledge of a few words would be most helpful in the wards.

A vocabulary of a few practical words and short sentences would be all that is necessary to prove the value of a better understanding between patient and nurse.

I have tried to teach my nurses the little things which might help, as placing foreigners of the same nationality in adjoining beds, showing them the different lavatory utensils and teaching them what to ask for, the same with water, milk, etc.

It is not much, but it all helps, and perhaps some day the languages will take their place in our training school curriculum alongside of anatomy, physiology, and practical nursing.

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SPECIAL NURSING IN HOSPITALS

DEAR EDITOR: I have been much interested in Miss Thayer's "Housing of Nurses during Training and after Graduation" in the May JOURNAL, especially in the suggested apartment idea for after-graduation quarters. One often feels the graduate nurse stands more in need of help, and in many ways, than the nurse before she leaves her school. There is, for the undergraduate, a freedom from care and a *cameraderie* that go a long way toward happiness. Afterward, even in a hospital, on its staff, the nurse must become a different creature, with different duties and different needs, all of which would be too long a story

for present discussion. Just one phase I wish to touch upon, that of the life of a graduate nurse on "special" duty in a hospital and the inadequate provision there made for her comfort.

I have undertaken no canvass, and I do not know statistically the hospitals that offer a graduate nurse refined or genteel living while on private duty with individual patients, perhaps there are none. What I do happen to know, and I am almost twenty years a graduate nurse, is the lack of proper care on the part of several, in most ways excellent, hospitals for nurses whom they invite in to take care of their very ill or very important patients, confessedly by their actions in need of more expert attention than undergraduate nurses may be able to give. Such patients pay a sum, not large, but I venture to assert quite beyond the cost of the maintenance in food of an undergraduate nurse at the same hospital, whose fate in this respect the outside nurse must share, and beyond which she receives no living privileges except access to a room in which may be one or two uninviting beds, for "rest," and a share in a solitary mirror and washstand, and what space she can "grab" for clothes hanging and for changing from street attire to uniform; a privilege she has in common with possibly forty other women, equally fortunate, on private duty with herself and maintaining the prestige of the hospital by their daily or nightly work, beside doing work for which the hospital is paid in excess of her own fee. In elucidation, here is a letter that came to me, without any thought of other than private correspondence, from a more recent graduate, but which I have permission now to put in print:

"Really," it says, "the life of a special nurse is the most artificial I have yet tried and it has fewer compensations, that is, in a material way, in living comfort, certainly while in hospitals on special duty, than any other. There is no let-up on any day from the time that imp of an alarm goes off at 5.30 A.M. till 10 P.M., when you crawl wearily into bed thinking, 'Well it's a shame I didn't write home to-night; my shoes ought to have been polished, my nails are frightfully in need of attention, etc., etc.' Visions of work are apt to haunt your sleep and in the morning you rise and go forth, winter and summer, leaving perhaps still asleep your room-mate, who has no case just now, and who disturbed you when she came in late last night from an evening out. You must be ready for 6.30 hospital breakfast, on duty at 7, and this means an early hour for a lone woman to be crossing town. Often you miss a car, miss another at the transfer, and arrive late at your hospital dressing-room, which is perhaps a 10 × 12, with suit cases piled on top of each other and nurses scrambling all over each other trying to find their clothes. Hoping to save time in the morning you may have the night before, tired as you were, put together your uniform with fresh collar and cuffs; it is found on the floor, where it has been walked on; you are late and must hurry; your cap, which you have made yourself to save twelve and a half cents, and have carefully pinned to your dress, is nowhere to be found. More time lost! You go to the dining-room, where there's nothing on the table but butter and a lot of soiled dishes, and sitting around it 'specials'—also late—fussing and fuming because the maids don't bring them at least a cup of coffee! In despair you go on duty breakfastless, and one of the night nurses lends you a cap. The patient has not slept well and you have to be cheerful and gay to 'boost' her up for breakfast, 'force' that breakfast cheerfully, yet firmly, and not let her know she is being forced, you know the

usual day with a nervous patient. I'd rather try Labrador and see if it isn't better there, where there are no comforts to miss, and if you don't get any breakfast you don't have to hate the dinner put before you and eat cold tongue and dill pickles for supper. There you are at least getting the best to be had and you are helping a little where conditions are so in need of help, and the life is what you make it. I believe I'd do something desperate if I staid here, for I can't see why 'specials' should have to put up with this. Isn't there any remedy? Has our *alumnæ* association done all it can to help matters and get a few comforts for nurses and make them feel more like being cheerful? I'm pretty cheerful, and I think anyone you asked would say, 'Miss A. is the most enthusiastic nurse I know,' and so I am, usually, but I am not the most enthusiastic being when I go to the dressing-rooms or the dining-rooms, and it's no wonder women of the right temperament for real nursing are not more plentiful. The doctors have no idea what the life of their most necessary 'medicine' is and how much more efficiently work would be done if their helpers were better taken care of. I'd gladly make any sacrifice I knew to be necessary, but I know it isn't necessary for nurses to have to live like this, and I feel like forming a band of the afflicted to rise against it all."

Thus one abounding individual, but the picture is hardly overdrawn. These are stern facts, picturesquely presented. Nurses can do something, and nurses must. Twelve-hour duty, 7 to 7, or 8 to 8, with short meal time off, is hard enough, but to have the living day by day so far short of comfort is a worse condition for gentlewomen than many a factory abuse that humanitarians seek to remedy. It is probably only a huge oversight on the part of hospitals, but an oversight they cannot continue to permit. If there is anywhere a large hospital that has ideal, or reasonably fair, living conditions for its graduate special nurses we should like to hear of it, and we herewith make profound apologies for slander.

X. Y. Z.